

Full of MYSELF®

'Empowering Girls to Make Healthy Choices'

Funding Provided by US Department of Health & Human Services: Office on Women's Health

REFERRAL FORM

Girls Name: _____ Date of Birth: _____ Race/Ethnicity: _____

School: _____ Current Grade: _____ Email Address: _____

Currently on Probation?: Yes / No (circle one) Educational Status: Regular Ed/ EBD/ Other ESE (circle one)

FAMILY/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip _____

Home Phone: _____ Alternative Phone: _____

Referral Source (Name): _____ Relationship to Student: _____

Phone Number: _____ E-mail address: _____

REASON FOR REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> Truant | <input type="checkbox"/> Lack of Parental Support |
| <input type="checkbox"/> Expelled/Suspended | <input type="checkbox"/> Multiple Sex Partners |
| <input type="checkbox"/> Disciplinary Referrals | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Academic Underachievement | <input type="checkbox"/> Low Self-Esteem/Poor Self Image |
| <input type="checkbox"/> Dropout | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Unhealthy Relationships |
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Criminal Involvement (Current or Previous) |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Looking for a positive extracurricular activity |
| <input type="checkbox"/> Sexual Abuse | |
| <input type="checkbox"/> Mental Health Concerns | |

BACKGROUND INFORMATION

*****Consent for participating in Full of Myself® MUST be submitted with this form*****

976 Lake Baldwin Lane Suite 203, Orlando, FL 32814 Phone: (407)496-6945 Fax: (888)587-1421

Email: info@fullofmyself.net

Full of MYSELF®

CONSENT FORM

I agree to my daughter's participation in full of MYSELF™. Full of MYSELF® is a 9-month enrichment program for teen girls ages 12-17. **This program is FREE**, thanks to funding by the US Department of Health and Human Services: Office of Women's Health. The primary focus of the program is to build self-esteem, improve self-image, and provide tools to enable teens to make informed decisions regarding their health and sexual behavior.

The program will teach ways to help avoid or lower risk, refuse unwanted sexual activity, and develop skills for good relationships. It empowers girls to make choices that protect their emotional and physical health and wellbeing, and embrace the fact that they are worthy of all things good in life.

Each girl who regularly attends will receive a minimum of \$100 as an incentive.

Weekly group sessions cover topics such as:

- | | |
|--|---|
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Assertive Communication | <input type="checkbox"/> Values Clarification |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Healthy Relationships |
| <input type="checkbox"/> Sexually Transmitted Infections | <input type="checkbox"/> Coping |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Critical Thinking and much more! |

Once per month activities will include:

- College tours
- Exposure to arts
- Field trips etc.

Date: _____

Teen's Name: (Please PRINT) _____

Teen's Signature: _____

Parent/Guardian's Name (Please PRINT): _____

Parent/Guardian's Signature: _____

Telephone: _____

Parent's Email Address: _____

Teen's Email Address: _____

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Permission to Participate In Field Trips

I hereby give permission for my daughter to participate in field trips under the supervision of *Full of Myself*® staff. I understand that the cost of the Field Trip is covered by the federal Office on Women's Health.

I will not hold Full of Myself® responsible in case of an accident. I give permission for my daughter to receive emergency medical treatment and hospitalization, if necessary. I understand that every effort will be made to contact me before taking this action.

Child's Name: _____

Parent's Name: _____

Emergency Contact #: _____

By signing below, you agree to allow your daughter to participate in the *Full of Myself*® Field Trips and Ongoing Events away from the regular meeting location. Reminders will be sent home prior to each field trip.

Parents/Guardian Signature

Date Signed

Name: _____

**Full of Myself
Scholarship Essay**

Why do you think you should be selected to participate in Full of Myself?



A large, light blue watermark logo is centered on the page. It features a yellow circle with the words "FULL OF" in white, uppercase letters at the top and "Myself" in a large, pink, cursive font below it. A white star is positioned between "FULL OF" and "Myself". Below the circle are silhouettes of five diverse people: a woman with long hair, a man in a cap, a woman with short hair, a woman with long hair, and a woman with long hair. The entire page is overlaid with horizontal lines for writing.

